## LONG-TERM EXPOSURE TO AIR POLLUTION (PM<sub>2.5</sub> AND NO<sub>2</sub>) AND MORTALITY: RESULTS OF THE ROME LONGITUDINAL STUDY (ROLS)

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**Background and aims:** There are few longitudinal studies evaluating the role of chronic exposure to air pollutants within the same urban setting. We analyzed the association of long-term exposure to PM<sub>2.5</sub> and NO<sub>2</sub> with mortality in a large cohort.

**Methods:** The Rome Longitudinal Study is a fixed cohort enrolled at the 2001 census. We selected subjects aged 45-80 years at the baseline who had not changed their address in the previous five years (n=684,204). Exposure at residence to  $PM_{2.5}$ , was predicted by means of a chemical transport model (FARM) (1 km² grid) using 2005 emissions data. Spatial levels of  $NO_2$  were derived from a specific land use regression model ( $R^2$ =0.66). We had information on age, gender, education, occupation, place of birth, and area-based socioeconomic position at baseline. All subjects were followed till December 31, 2006. Cox regression models were used to study the association between the exposure and cause-specific mortality, taking several confounders into account.

**Results:** During the study period, 45,006 natural deaths occurred (33% cardiovascular, 5% respiratory disorders, 3.3% diabetes, and 12% lung cancer). The average exposure was 23 (sd 4)  $\mu$ g/m³ for PM<sub>2.5</sub> and 44 (8)  $\mu$ g/m³ for NO<sub>2</sub>. The correlation of the two exposure indicators was 0.75. With increased exposure of PM<sub>2.5</sub> and NO<sub>2</sub> there was an increased risk of dying for natural causes: 7% (95%Cl:4%-9%) for 10 $\mu$ g/m³ increase of PM<sub>2.5</sub>, and 9% (95%Cl:6%-13%) for 10 $\mu$ g/m³ increase of NO<sub>2</sub>. The relationships were linear with no evidence of a threshold. The strongest associations were found for cardiovascular diseases and diabetes.

Conclusions: This is one of the largest European urban cohort study on  $PM_{2.5}$ . The results indicate that long-term exposures to  $PM_{2.5}$ , and  $NO_2$  at residence are associated with mortality in Rome and the effect estimates are very similar to what has been suggested in studies from the USA.